



COUNTY OF SAN LUIS OBISPO

Environmental Health Services

2156 Sierra Way – PO Box 1489, San Luis Obispo, California 93406

Phone: (805) 781-5544 Fax: (805) 781-4211

Written Operational Procedures For Mobile Food Facilities

These written Operational Procedures must be completed and returned to this office for approval before the permit to operate will be issued. An approved and signed copy must be maintained on the food facility during all operational periods.

1. Business Information:

| | | | | | |
|--|-----|------------------------------|-------------|-----------------------|---------------|
| Mobile Food Facility Business Name: | | | | Business Phone: | |
| Name of Owner(s): | | | Home Phone: | | Mobile Phone: |
| Owner Address: | | | City: | | Zip: |
| Operator Name: (If different from owner name) | | | | Operator Phone: | |
| Name of Commissary: | | | | Commissary Phone: | |
| Commissary Address | | | City | | Zip |
| Location(s) or Town(s) Where Mobile Food Facility Will Be Operated: (Indicate all that apply) | | | | | |
| Days of Operation: (Circle all that apply) | | | | Hours of Operation: | |
| Mon | Tue | Wed | Thu | Fri | Sat Sun |
| Name of Facility Providing Restroom: | | Restroom Location: (Address) | | City: | |
| <i>Provide the specific location where restrooms are available for use during hours of operation. Mobile food facilities operating in one location for one hour or more must be operated within 200 feet travel distance of the approved and readily available toilet and handwashing facilities.</i> | | | | | |
| Location Where Mobile Food Facility Will Be Stored: (Circle one) | | | | | |
| Commissary | | Private Home (list address) | | | Other: |
| Is the mobile food facility serviced by a Mobile Support Unit (MSU) | | | | | Yes No |
| <i>Please note: Mobile Food Facilities not approved for limited food prep may not be supported by an MSU.</i> | | | | | |
| If "Yes", provide the Name of the Mobile Support Unit and Name, Address, and Phone number of the Mobile Support Unit commissary if different from the commissary information provided above: | | | | | |
| MSU Name: | | | | | |
| MSU Commissary Name: (If different from commissary information above) | | | | MSU Commissary Phone: | |
| MSU Commissary Address: (If different from commissary information above) | | | | City | |

FOOD HANDLING OPERATIONAL PROCEDURES: MOBILE FOOD FACILITIES

THE OWNER, MANAGER, OR OPERATOR OF ANY FOOD FACILITY IS RESPONSIBLE FOR ANY ACTION OF AN EMPLOYEE RESULTING IN A VIOLATION OF ANY OF THE MOBILE FOOD FACILITY REQUIREMENTS SET FORTH IN THE HEALTH AND SAFETY CODE §113700-114437.

2. Menu items and food operations (This information will be used to determine your equipment and refrigeration needs.)

| | |
|---|--|
| Check the menu items in the left hand column below which will be prepared and served. | Check the food operations in the right hand column below which will occur at your commissary/commercial kitchen. |
|---|--|

| FOOD ITEM | ✓ | FOOD OPERATION | ✓ |
|--|---|--|---|
| Beef or pork (circle one: raw, precooked, or both) | | Refrigeration of foods | |
| Fish (circle one: raw, precooked, or both) | | Cooling foods which have been heated or cooked | |
| Poultry (circle one: raw, precooked, or both) | | Cooking foods | |
| Shellfish (circle one: raw, precooked, or both) | | Holding foods hot for more than 30 minutes | |
| Rice or Beans | | Reheating foods | |
| Pasta | | Preparing foods for next day service | |
| Gravies, Sauces, or Soups | | Washing produce | |
| Green salads | | Thawing fish, meat, and/or poultry | |
| Sandwiches | | Slicing, grinding portioning of foods | |
| Condiments | | Packaging of foods | |
| Beverages | | | |

Where will food be purchased/obtained?

3. Indicate which foods will be prepared on the mobile food facility:

4. Indicate which foods will be prepared at the commissary:

5. Is a food preparation sink provided at the commissary?

Yes No

A food preparation sink is required for all operations where food items are thawed or cleaned. Thawing and cleaning of food items may not occur inside warewashing or hand washing sinks.

6. Describe in detail how foods will be prepared at the commissary for use on the mobile food facility:

Unpackaged foods:

Prepackaged foods: Explain method of packaging and include a sample food label (for foods prepared and packaged by food service/catering operator). Sample label details are not necessary for foods purchased from a commercial supplier in the prepackaged state and intended for service in the same prepackaged state.

7. Indicate the utensils, equipment and materials used on the mobile food facility. All utensils, equipment and materials are subject to approval by this department

8. Indicate the equipment used to cook foods either at the commissary or on the mobile food facility.

Equipment Type

- | | |
|--|---|
| <input type="checkbox"/> Griddle | <input type="checkbox"/> Oven |
| <input type="checkbox"/> Fryer | <input type="checkbox"/> Microwave |
| <input type="checkbox"/> Barbecue smoker | <input type="checkbox"/> Other type of cooking equipment (specify): |
| <input type="checkbox"/> Stove | <input type="checkbox"/> Barbecue (note: barbecue use is permitted only at the commissary or during community events.) |

9. Manual warewashing of utensils and equipment must be completed using the following method in a three-compartment sink at your commissary, on the mobile food facility, or both (as required).

First compartment/tub: wash with hot soapy water (100°F or above)

Second compartment/tub: rinse in hot water

Third compartment/tub: sanitize with one of the following approved sanitizers

Air dry in a clean location, never towel dry

Indicate which of the following approved sanitizers will be used (sanitizer test strips must be provided to verify proper concentrations are met):

- ☐ 100 ppm bleach-water solution for 30 seconds (**two teaspoons bleach to one gallon of water**)
- ☐ 200 ppm quaternary ammonium solution for 60 seconds (**follow instructions on label**)
- ☐ 25 ppm Iodine solution for 60 seconds (**follow instructions on label**)

☐ Initial to indicate intent to comply

10. Food contact surfaces, such as cutting boards and food slicers, must be cleaned and sanitized after each use, or if used continually, at least every four (4) hours.

Wiping cloths for surface sanitizing must be stored inside an approved sanitizing solution between uses (**circle which below**).

If working with raw meats, a separate container of sanitizing solution for storage of wiping cloths used for cleaning and sanitizing of raw meat contact surfaces must be provided. Wiping cloths used on raw meat contact surfaces may not be used on ready-to-eat food contact surfaces.

Indicate which of the following approved sanitizers will be used (sanitizer test strips must be provided to verify proper concentrations are met):

- ☐ 100 ppm bleach-water solution for 30 seconds (**two teaspoons bleach to one gallon of water**)
- ☐ 200 ppm quaternary ammonium solution for 60 seconds (**follow instructions on label**)
- ☐ 25 ppm Iodine solution for 60 seconds (**follow instructions on label**)

☐ Initial to indicate intent to comply

11. Describe where and how the potable water for use at remote locations will be obtained and stored. (Please note, hoses used to convey potable water must be labeled as drinking water safe, durable, not showing any signs of damage, and stored to be protected from contamination.) _____

12. Describe how and where the wastewater will be disposed. Wastewater may not be discharged into a storm drain or onto a ground surface without drainage to sewer. _____

13. I hereby certify under penalty of perjury that the above information is true and correct, that I have read and understand the "Mobile Food Facility Requirements" handout, and that I will operate my mobile food facility in compliance with the requirements set forth in the California Health and Safety Code Sections 113700-114437.

Signature

Print Name

Date